

**STATE OF IDAHO  
BOARD OF CHIROPRACTIC PHYSICIANS**

**APPLICATION FOR IDAHO CHIROPRACTIC PHYSICIAN LICENSE**

**Instructions**

Please complete this form by providing the requested information. Signatures must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. An Application for Chiropractic License must be on file with all required supporting documentation before the Board will consider your application for licensure or a temporary permit. Failure to provide the requested information and required fees will result in the return of your application.

APPLICATION FEE - \$250.00

TEMPORARY PERMIT FEE - \$50.00

Please mail your completed application and attachments to:

**IDAHO STATE BOARD OF CHIROPRACTIC PHYSICIANS  
BUREAU OF OCCUPATIONAL LICENSES  
1109 Main Street, Suite 220  
Boise, Idaho 83702-5642  
E-MAIL [chi@ibol.idaho.gov](mailto:chi@ibol.idaho.gov)  
WEB: [www.ibol.idaho.gov/chi.htm](http://www.ibol.idaho.gov/chi.htm)**

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**

**APPLICATION FOR IDAHO CHIROPRACTIC PHYSICIAN LICENSE**

**An application fee of \$250.00 must be submitted with this application.**

I hereby submit my qualifications and make application for a Chiropractic Physician license in the State of Idaho under the provisions of Title 54, Chapter 7, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_
2. **Address of Record** \_\_\_\_\_  
(The above address is public record)      Street      City      State      Zip
3. **Mailing address** \_\_\_\_\_  
(The above address is not public record)      Street      City      State      Zip
4. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                 month      day      year  
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)
5. **Home phone** \_(\_\_\_\_)\_\_\_\_\_ **Business phone** \_(\_\_\_\_)\_\_\_\_\_ **E-mail** \_\_\_\_\_
6. **I am a graduate of** \_\_\_\_\_ **Chiropractic educational institution.**  
(Official transcripts must be received by this office directly from the institution registrar before your application will be processed)
7. **Is the institution accredited by the Council of Chiropractic Education?**      ☐ **Yes**      ☐ **No**  
(If Yes, documentation of this fact must be verified. If No, additional documentation may be requested.)
8. **Have you ever taken the National Board Examination Part I?**      ☐ **Yes**      ☐ **No**  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)
9. **Have you ever taken the National Board Examination Part II?**      ☐ **Yes**      ☐ **No**  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)
10. **Have you ever taken the National Board Examination Part III?**      ☐ **Yes**      ☐ **No**  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)
11. **Have you ever taken the National Board Examination Part IV?**      ☐ **Yes**      ☐ **No**  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)
12. **Have you ever taken the National Board Physiotherapy Examination?**      ☐ **Yes**      ☐ **No**  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)
13. **Have you ever taken the National Board SPEC Examination?**      ☐ **Yes**      ☐ **No**  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)
14. **Are you currently or have you ever been licensed in any state?**      ☐ **Yes**      ☐ **No**  
(If Yes, we must receive certification of licensure directly from the issuing authority before your application will be processed.)
15. **Do you have 5 consecutive years of chiropractic experience immediately prior to this application?**      ☐ **Yes**      ☐ **No**  
(If Yes, please attach details of experience including places, dates, employers' names, addresses, and phone numbers.)
16. **Have you ever had a license or registration revoked, suspended or otherwise sanctioned?**      ☐ **Yes**      ☐ **No**  
(If yes, a copy of the charges and the final order must be received before your application will be processed.)
17. **Have you ever been convicted, found guilty, received a withheld judgement or suspended sentence of a felony or crime involving moral turpitude in this or any other state?**      ☐ **Yes**      ☐ **No**  
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)
18. **Please attach the name and current address of one licensed chiropractor willing to provide professional reference concerning your character, professional standing, and education.**  
(This office will contact the person you list. We must receive a response before your application will be processed.)

name, position & license number

current address

city, state, zip

**APPLICATION FOR IDAHO CHIROPRACTIC PHYSICIAN LICENSE**  
**(continued)**

- 19. Please attach the names and current addresses of two persons willing to provide reference regarding your character.**  
(This office will contact the persons you list. We must receive their responses before your application will be processed.)

<hr/> name	<hr/> name
<hr/> position & license number	<hr/> position & license number
<hr/> current address	<hr/> current address
<hr/> city, state, zip	<hr/> city, state, zip

- 20. Attach a passport photograph of yourself taken within the last 12 months.**

HEIGHT _____	WEIGHT _____	ATTACH
EYE COLOR _____	HAIR COLOR _____	PHOTOGRAPH
OTHER DISTINGUISHING FEATURES _____		HERE

- 21. Please attach a copy of your Chiropractic college diploma.**

**NOTE: If you wish a Temporary Permit to practice chiropractic in Idaho, please complete the Addendum for Temporary Practice and submit it with this application and attach an additional \$50.00 fee.**

**AFFIDAVIT**

I hereby certify under penalty of perjury that the responses provided on and attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules and the adopted Scope of Practice governing the practice of Chiropractic in Idaho.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying.

I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**NOTE: IT IS UNLAWFUL TO PRACTICE CHIROPRACTIC, OR ADVERTISE AS A CHIROPRACTIC PHYSICIAN, OR USE ANY WORD OR TITLE OR ABBREVIATION TO INDICATE CHIROPRACTIC LICENSURE OR PRACTICE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE. ANY VIOLATION MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (See §54-705. & 708., I.C.)**

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**

**BOARD OF CHIROPRACTIC PHYSICIANS**

**ADDENDUM FOR TEMPORARY PRACTICE**

**A permit fee of \$50.00 must be submitted with this application.**

I hereby request authorization from the Idaho State Board of Chiropractic Physicians to engage in the temporary practice of chiropractic in Idaho under the provisions of §54-711., Idaho Code, and provide the following:

**01. Applicant Name** \_\_\_\_\_

**02. Supervisor's Name** \_\_\_\_\_ **License #** \_\_\_\_\_

**03. Supervisor's Business Name** \_\_\_\_\_

**04. Business Location Address** \_\_\_\_\_  
Street /Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**05. Mailing address** \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**06. Home phone** (\_\_\_\_) \_\_\_\_\_ **Business phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**SUPERVISOR'S AFFIDAVIT**

I hereby certify that I have read and will abide by the obligations and requirements of the Idaho Chiropractic Physician Laws & Rules, and that I will serve as supervisor for the above named applicant. I understand that my responsibilities of supervision will be in effect until the applicant receives examination results from the next regularly scheduled examination. I further understand that I may terminate my supervision anytime prior to said examination by submitting written notice of termination by certified mail to the Idaho State Board of Chiropractic Physicians. I further understand that my supervision shall immediately cease and the applicant's permit shall become immediately null and void in the event the applicant is determined to be ineligible for licensure.

\_\_\_\_\_  
Signature of Supervisor

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

§54-711., Idaho Code. TEMPORARY PRACTICE. Any person who has submitted an application to the board for licensure by examination to practice chiropractic in the state of Idaho, may be permitted to practice chiropractic prior to examination and licensure in accordance with board rules upon the following conditions:

(1) The applicant must request permission of the board in writing to engage in such temporary practice and must affirmatively show that the applicant will take the next examination for licensure given by the board, and that the applicant has not failed two (2) previous examinations conducted by the board; and

(2) A licensed physician certifies to the board that such applicant will practice chiropractic under the direct and immediate supervision of such physician and only in the office of such physician.